

<p style="text-align: center;"><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p style="text-align: center;"><b>FEE TRANSMITTAL For FY 2009</b></p>		<i>Complete if Known</i>	
		Application Number	10/572,239
		Filing Date	3/1/2007
		First Named Inventor	Klaske Van Norren
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Ronald T. Niebauer
		Art Unit	1654
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,920.00	Attorney Docket	0470 - 060781

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	82	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**
Fee Description

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)      Fee (\$)

52      26

Each independent claim over 3 (including Reissues)

220      110

Multiple dependent claims

390      195

Total Claims	- 20 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
18	- 20	= 0	x 0	=	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims	- 3 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
4	- 4	= 0	x 0	=	Fee (\$)	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

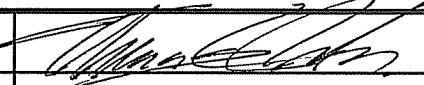
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE - \$810.00; Petition for Three-Month Extension of Time - \$1,110

1,920.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 55,739	Telephone 412-471-8815
Name (Print/Type)	Thomas C. Wolski		
	Date July 21, 2009		